CPA\$ 2835

CONTINUED PROSECUTION APPLICATION (CPA) REQUEST TRANSMITTAL

(Only for Continuation or Divisional applications under 37 CFR 1.53(d))

Check Box, if applicable

2668.00

Address to:	Attorney Doo	cket No.	981331		
Director of Patents and Trademarks BOX CPA	First Named	First Named Inventor		Masuo OHNISHI et al.	
Washington, D.C. 20231	Express Mail	Label			
PATENT B.	Total Pages		_		
This is a request for a [X] continuation or [] divisional applie	cation under 37 CFR 1.5	(3(d) (continued prose	ecution application or	CPA) of	
prior application number 09 / 184,878		November 3, 1998		C171) 01	
entitled ELECTRONIC APPARATUS AND DISK UNIT			, ,		
1. [X] Enter the unentered amendment previously filed on September 29, 2000					
under 37 CFR 1.116 in the prior nonprovisional application.					
2. [] A Preliminary Amendment is enclosed.					
3. This Application is filed by fewer than all the inventors named in the prior application, 37 CFR 1.53 (d)(4).					
a. [] DELETE the following inventor(s) named in the prior nonprovisional application:					
b. [] The inventor(s) to be deleted are set forth on a separate sheet attached hereto.					
4. [] A new power of attorney or authorization of agent (PTO/SB/81) is enclosed. 11/15/2000 EHAMMOND 00000022 09184878					
710 S. L. Information Dicalogues Statement (IDS) is analoged.			0.00 OP		
of FC:102			B.00 OP		
a. [] PTO-1449 270.00 0P					
b. [] Copies of IDS Citations					
Fee Transmittal				Basic	
The filing fee is calculated below	Number Filed	Number Extra	Rate	Fee \$710.00	
Total Claims	56 - 20	36	x \$18.00	648.00	
Independent Claims	16- 3	13	x \$80.00	1040.00	
Multiple Dependent Claims \$270.00				270.00	
			Basic Filing Fee	2668.00	

TOTAL

Reduction by 1/2 for small entity

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PAGE 2 OF 2

5. Small entity status:				
a. [] A small entity statement is enclosed.				
b. [] A small entity statement was filed in the prior nonprovi	sional application and such status is still proper and desired.			
c. [] Is no longer claimed.				
7. [] Please charge our Deposit Account No. 01-2340 in the total [X] The Commissioner is hereby authorized to charge paym				
[X] The Commissioner is hereby authorized to charge payment for any additional filing fees required under 37 CFR 1.16, or fees for an Extension of Time under 37 C.F.R. 1.17, or credit any overpayment to Deposit Account No. 01-2340 . A duplicate of this sheet is attached.				
	This check includes \$\frac{710.00}{200} basic filing fee, \$648.00 additional s over 3, and \$270.00 for filing of multiple dependent claims.			
9. [] Other				
10. CORRESPONDENCE ADDRESS	23850 PATENT TRADEMARK OFFICE			
11. SUBMITTED BY				
Гуреd or Printed Name William L. Brooks	Reg. No. 34,129			
Signature Milli 2 Brooks	Date: November 14, 2000			

Application or Docket Number DETERMINATION RECORD PATENT APPLICATION FE Effective October 1, 1997 **CLAIMS AS AMENDED - PART II** OTHER THAN (Column 1) (Column 3) OR (Column 2) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING ADDI-**PRESENT** NUMBER ADDI-**AFTER** RATE TIONAL **EXTRA** RATE TIONAL **PREVIOUSLY** AMENDMENT **AMENDMENT** FEE FEE Total Minus x. 9 = OR Independent Minus × 39= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ⊦/3*Q* = OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE OTHER THAN OR **SMALL ENTITY SMALL ENTITY** (Column 3) (Column 1) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-PRESENT REMAINING NUMBER RATE TIONAL RATE TIONAL **EXTRA AFTER PREVIOUSLY** AMENDMENT FEE FEE AMENDMENT PAID FOR Total Minus OR Minus Independent OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +/30= TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) **CLAIMS** HIGHEST ADDI-ADDI-**PRESENT** REMAINING NUMBER TIONAL RATE TIONAL RATE **EXTRA PREVIOUSLY AFTER** AMENDMENT FEE FEE AMENDMENT PAID FOR x\$9= x:/8 = Total OR Minus x 18= OR Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +/30= TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 1) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-**PRESENT** REMAINING NUMBER TIONAL RATE TIONAL RATE **EXTRA AFTER** PREVIOUSLY AMENDMENT FEE FEE **AMENDMENT** PAID FOR Total Minus x\$9 = OR =

Independent

Minus

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OR

TOTAL ADDIT. FEE

×39=

+130=